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APPLICANTS

R. Jeffrey Jordan, Las Vegas, NV;
 Rena M. Schoonmaker, Las Vegas, NV;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Verified and Acknowledged /MATTHEW D HOEL/ Examiner's Signature		Initials	NV	4	19 → 24 → 4	5

ADDRESS

BEYER WEAVER LLP
 P.O. BOX 70250
 OAKLAND, CA 94612-0250
 UNITED STATES

TITLE

Electronic gaming account service center

FILING FEE RECEIVED 1520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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